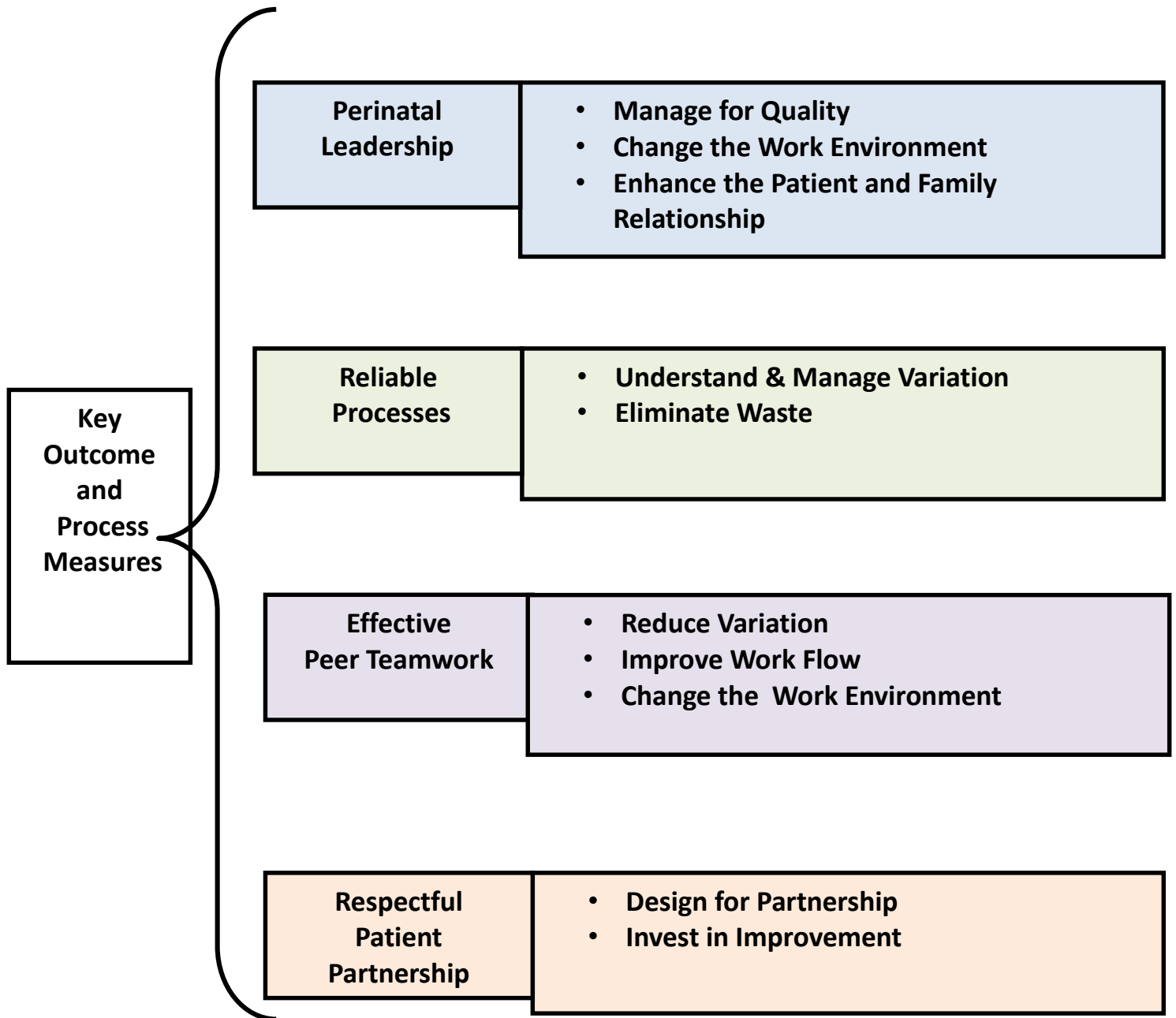


IHI Perinatal Improvement Community

Perinatal Improvement Change Package
(revised 2014)

Perinatal Improvement Community
Reducing Harm, Improving Care, Supporting Health



PERINATAL CHANGE PACKAGE

PERINATAL LEADERSHIP		
CHANGE CATEGORY	CHANGE CONCEPTS	KEY CHANGE IDEAS OR DESCRIPTIONS
Manage for Quality	Focus on Core Processes and Purpose	<ul style="list-style-type: none"> Align unit measures, strategies, and projects with organizational measures, strategy, and goals. Support development of a safety culture. Move from culture of blame, hierarchy, and intimidation, which act as barriers to effective communication and teamwork. Move to culture that supports communication, teamwork, and a system and process awareness and understanding (i.e., Just Culture in Health Care). Culture of change and collaboration. Use methods to evaluate core processes and outcomes such as harm (i.e., IHI Deep Dive Tool, IHI Perinatal Trigger Tool), then use data to prioritize and resource improvement efforts. Manage senior leadership attention to unit needs and improvement efforts.
	Use Proper Measurements	<ul style="list-style-type: none"> Use a balanced set of macro-departmental measures (i.e., Clinical Outcomes: Patient Expectation and Experience; Financial; Workforce; Transparency Segments; Practices; Individuals). Include TJC Perinatal Core Measures and a Harm Measure as macro-departmental clinical measures. Consider clinical and financial measures for improvement projects and estimate ROI for both. (Transparency) Create meaningful reports from EMR to reduce manual abstraction.
	Invest More Resources in Improvement	<ul style="list-style-type: none"> Build improvement capacity and provide resources for improvement efforts. (Time, Engagement Change) Develop leadership for improvement. (Believing the Evidence) Take advantage of national improvement efforts (e.g., RWJ, Regional Collaborative, AHRQ, IPFCC).
Change the Work Environment	Take Care of Basics	<ul style="list-style-type: none"> Develop a competent trained and available workforce. Use industry standard guidelines for documentation and staffing (i.e., ACOG and AWHONN). (Alternative Staffing Models) Make information that is relevant to the work easily available to employees. Improve collaboration between nursing and PSQ informatics on interpreting Perinatal Core Measure data. Create a physical environment that supports care delivery and healing. Collaborate with vendors for quality products at lower cost.
	Consider People in the Same System	<ul style="list-style-type: none"> Create consistent expectations for performance and behavior across <i>all</i> disciplines. Behavioral issues are linked to credentialing requirements (i.e., disruptive behavior standards [ACOG, TJC, etc.]). Establish credentialing of core competency and training for <i>all</i> providers and licensed staff. Developing reasons and methods to support fetal monitor education as a requirement of credentialing for all OB care providers. Consistent evidence-based practice (including policies, guidelines, procedures, staff education). Develop methods to help increase awareness and cooperation among all care providers with the changing definitions of labor and care practices (i.e., decreasing elective inductions, need for favorable Bishop Score, time frames for diagnosis of labor “arrest,” etc.). Establish a multidisciplinary team to review all concerns within the Labor and Delivery environment. Set expectations consistently across <i>all</i> disciplines. Develop processes to engage physicians, suppliers, and internal customers (i.e., NICU, Social Work, Discharge Planning) in improvement efforts.
Enhance the Patient and	Listen to Customers	<ul style="list-style-type: none"> Develop a process to identify, mitigate, and learn from patient feedback related to experience. Develop processes to consistently obtain information from patients regarding needs and experience (i.e., focus groups, interviews).

Family Relationship		<ul style="list-style-type: none">• Develop resources to support patients as members of improvement teams.
	Develop Alliances and Cooperative Relationships	<ul style="list-style-type: none">• Develop structure for a patient advisor; consider a paid position.• Consider development of a Consumer Advisory Board.• Cultivate community relationships.• Communication between references.

PERINATAL CHANGE PACKAGE

RELIABLE PROCESSES		
CHANGE CATEGORY	CHANGE CONCEPTS	KEY CHANGE IDEAS OR DESCRIPTIONS
Understand and Manage Variation	Standardization: Care Structure and Process	<ul style="list-style-type: none"> • Standardize structure and process of administration and management of high-alert or vital medications (i.e., oxytocin, magnesium sulfate, epidurals, labetol, hydralazine, antibiotics). • Develop strategies to support “Keeping Normal Normal”: nulliparous, delayed cord clamping, eliminating early elective deliveries (EED). • Standardize structure and process for specific high-risk processes (i.e., HIV, hepatitis status, vaccinations). • Utilize methods such as the IHI Perinatal Bundles and Safety Bundles (i.e., peripheral line, bladder catheter) to reduce unintended variation and support national standards (i.e., TJC Perinatal Core Processes, AWHON, and ACOG recommendations). • Develop standard algorithms to address tachysystole, fetal status if meeting criteria of Category I or II. • Improve consistent documentation of Montevideo Units. • Use mistake-proofing improvement methods such as reminders, differentiation, constraints and affordances to improve towards very high-reliability processes (i.e., elective delivery prior to term gestation [or 39-week gestation rule]).
	Exploit Variation	<ul style="list-style-type: none"> • Explore potential clinical segments of population and design reliable and appropriate processes for specific needs and characteristics of segment (i.e., obesity, seizure disorder). • Explore stages of labor and design reliable and appropriate processes for specific needs and characteristics of stage (i.e., second stage bundle). Develop strategies to support changes in labor. Support second stage positioning — all care providers. • Analyze harm data, event detection, and sentinel events using run chart analysis or statistical process control (SPC); then design and improve care processes based on type of variation.
	Develop Contingency Plans	<ul style="list-style-type: none"> • Develop standard processes and protocols for response to obstetrical emergency (i.e., post-partum hemorrhage, shoulder dystocia). • Develop standard and process for delivery using implements (e.g., Vacuum Bundle, forceps).
Eliminate Waste	Eliminate Not Used	<ul style="list-style-type: none"> • Identify unnecessary activities and unused resources through methods such as observation, walk-arounds, surveys, audits, data collection or analysis of records. Take actions to eliminate unused elements or tasks from the system.
	Eliminate Multiple Entry	<ul style="list-style-type: none"> • Identify opportunities to eliminate unnecessary and no-value-added data redundancy (e.g., entry of information multiple times).
	Use Sampling	<ul style="list-style-type: none"> • Use well-designed sampling methods that can provide information as good as or even better than 100% checking (e.g., bundle sampling, Perinatal Trigger Tool).
	Match Amount to Need	<ul style="list-style-type: none"> • Identify wasted resources and supplies through methods such as observation, walk-arounds, surveys; then take actions to align with need.
	Reduce Set-up Time	<ul style="list-style-type: none"> • Examine processes for opportunities to reduce set-up time by getting organized for service or need (e.g., hemorrhage carts).

PERINATAL CHANGE PACKAGE		
EFFECTIVE PEER TEAMWORK		
CHANGE CATEGORY	CHANGE CONCEPTS	KEY CHANGE IDEAS OR DESCRIPTIONS
Reduce Variation	Standardization: Communication and Team Response	<ul style="list-style-type: none"> Utilize techniques for effective team communication (e.g., SBAR). (Appropriate Assertion) Develop a common understanding and definition of labor and train all workforce to such. Develop a common language and interpretation of EFM and train all workforce to such. Develop a process for routine huddles and explore other methods to support team communication such as briefings, debriefings. Establish and standardize Team Response Protocols (i.e., Code Crimson, obstetric hemorrhage, crash Cesarean delivery, shoulder dystocia). Explore adaptation of checklists as a method to reduce miscommunication and reliance on memory (e.g., surgical checklist for C-section).
Improve Work Flow	Handoffs	<ul style="list-style-type: none"> Minimize number of handoffs. Establish criteria for handoffs across all disciplines (i.e., identify four key pieces of information). Establish multidisciplinary rounds on all patients at beginning and end of day. Implement and use read back technique for critical information.
	Improve Predictions	<ul style="list-style-type: none"> Use data over time to better predict noteworthy variation patterns, trends and shifts. Use information to better predict for staffing, supplies, budgets.
	Use Automation	<ul style="list-style-type: none"> Automate standard of care and process changes (i.e., incorporate components of bundle in EMR). Use automated constraints and affordances to support mistake-proofing and reliability of process and documentation (e.g., cannot advance until documentation accurate, pop-up windows).
	Use a Coordinator	<ul style="list-style-type: none"> Consider using a coordinator to manage flow and criteria for critical processes (e.g., clinical triage of admission for induction of labor).
	Remove Bottlenecks	<ul style="list-style-type: none"> Remove bottlenecks or improve crazy-making processes by using generic improvement methods such as process map, flow chart, and group decision-making tools.
Change the Work Environment	Emphasize Natural and Logical Consequences	<ul style="list-style-type: none"> Support processes of accountability for own behavior versus traditional reward and punishment (e.g., start meetings on time, individual responsible for obtaining update).
	Access to Information	<ul style="list-style-type: none"> Conduct meetings with a multidisciplinary focus to hear and discuss same information.
	Develop and Provide Effective Training	<ul style="list-style-type: none"> Design simulations for learning and testing changes before implementing in patient care environment. Use effective adult learning principles and methods to design learning opportunities (e.g., monthly or weekly reviews on the unit to evaluate learning and application). Incorporate critical learning and processes into orientation (e.g., Just Culture, common language). Implement cross-training. Use well-developed and affordable national educational materials (e.g., TeamSTEPPS).

PERINATAL CHANGE PACKAGE		
RESPECTFUL PATIENT PARTNERSHIP		
CHANGE CATEGORY	CHANGE CONCEPTS	KEY CHANGE IDEAS OR DESCRIPTIONS
Design for Partnership	Care Delivery	<ul style="list-style-type: none"> Design processes and structures to support partnership in care between provider and patient and family (e.g., white board in patient rooms, daily care goal sheet, bedside journal) Develop with patient a customized interdisciplinary shared care plan. Collaborate with patient and family to meet their needs safely. "Nothing about me without me" and "To / For / With." Family is defined by the patient and not considered visitors. Consider eliminating term "Visiting Hours" from all documents and philosophies related to family. Include patients and families in all discussions that concern or involve them (e.g., give shift reports at the bedside and include the patient and family in the reports, include patients and families in bedside rounding as much as they desire).
	Environment	<ul style="list-style-type: none"> Reduce environmental noise (e.g., ice machines, TV, overhead page) and consider daily quiet period. Develop a respite area for patients and families. Develop patient libraries and provide wireless Internet access for patients and families. Using well-established tool (e.g., IHI Perinatal Patient and Family Assessment based on IPFCC Assessment), evaluate structure and process for patient partnerships.
	Transparent Communication	<ul style="list-style-type: none"> Introduce self and ask how the patient would like to be addressed. Discuss other relationship issues such as designated family, privacy, knocking on door, etc. Reliability and Authenticity: Do what you say, mean what you do; communicate openly and honestly with family and patients at regular intervals; reach agreement on expectation. Develop a process to support interaction in teaching or discharge instructions (e.g., Teach Back method, also known as the "show-me" method or "closing the loop"). Champion organizational processes to support transparency of health care information (e.g., patients can write in their medical record). Integrate health literacy into all patient and family interactions.
Invest in Improvement	Engage Patients	<ul style="list-style-type: none"> Develop material to facilitate staff and patient understanding of improvement efforts. Provide patients with orientation to specific improvement efforts. Provide facilitator for team meetings to support understanding and engagement for patient and staff team members.
	Develop and Provide Training	<ul style="list-style-type: none"> Include patients and families in improvement training for staff (e.g., share personal experience). Develop training for patients that might want to be involved in improvement efforts. Consider co-design as a method for improvement (e.g., experience-based co-design).